

**REGISTRY OF MOTOR VEHICLES
APPLICATION FOR:**

Massachusetts Vehicle Check Inspector License

**Registry of Motor Vehicles, Vehicle Safety & Compliance Services,
P.O. Box 55892 BOSTON, MA 02205-5892
Fax: 617-351-9362**

Please print using a ball point pen in black or blue ink.

APPLICATION FEE: \$25.00

GENERAL INFORMATION:

Driver License Number: _____ State of Issue: _____

If Out of State Applicant, Social Security Number: _____

Date of Birth: ____/____/____ Daytime Telephone Number: (____) _____ - _____

Name: _____
(last) (first) (middle)

Mail Address: _____ Apartment Number: _____
(if a P.O. box, residential address must be shown)

City: _____ State: _____ Zip Code: _____

Residential Address: _____ Apartment Number: _____
(if different from mail address)

City: _____ State: _____ Zip Code: _____

REQUIREMENTS:

- 1.) You must have a valid driver's license for the class of vehicle you will be inspecting with a state assigned license number.
- 2.) You must complete, sign, and submit this application form before requesting training.
UNSIGNED FORMS WILL BE RETURNED.
- 3.) Complete application and mail check or money order (\$25 fee) to:
The Registry of Motor Vehicles, Vehicle Safety & Compliance Services
P.O. Box 55892, Boston, MA 02205-5892
- 4.) Contact Parsons to schedule training.

Final approval is dependent upon successful completion of inspector training. For further training information, contact Parsons at 1-877-834-4677 (*toll free*).

Out-of-state applications will be processed through the National Driver Register (NDR) and/or the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions. I, the undersigned, hereby apply for a license to inspect motor vehicles and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true.

Signature _____ **Date** _____